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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

AT2000-1WO

First Named Inventor

Terasse et al

COMPLETE IF KNOWN

Application Number

10/530,832

Filing Date

Oct. 8, 2003

Art Unit

Not assigned

Examiner Name

Not assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Skin Testing Kit for Diagnosing Atopy

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/06/2005

as United States Application Number or PCT International

Application Number

10,530,832

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02/12483	FR	Oct. 8, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">28709</div>	OR	<input type="checkbox"/> Correspondence address below
Name Shihong Naizhou					
Address 4931 Arroyo Lindo Avenue					
City San Diego		State CA		ZIP 92117	
Country USA		Telephone 658-273 1234		Email shihongn@yahoo.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gaetan				Family Name or Surname Ternasse	
Inventor's Signature 				Date	
Residence, City MONTCEAU		State BOURGOGNE		Country FRANCE	
Mailing Address Gaetan Ternasse 5 Montceau, fr		City MONTCEAU		Country FRANCE	
State BOURGOGNE		Zip 71300		Country FRANCE	
NAME OF SECOND INVENTOR				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Yes				Family Name or Surname Ternasse	
Inventor's Signature				Date	
Residence, City		State		Country	
Mailing Address		State		Country	
City		State		Country	
Zip		Country			

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 2

2-00

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yves		Trohin	
Inventor's Signature <i>Y. Trohin</i>		Date <i>Nov. 1, 2005</i>	
Residence: City <i>TOULOUSE</i>	State <i>FR</i>	Country <i>FRANCE</i>	Citizenship <i>FRENCH</i>
Mailing Address <i>106, CHEMIN DES FONTANELLES</i>			
City <i>TOULOUSE</i>	State <i>FR</i>	Zip <i>31500</i>	Country <i>FRANCE</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 172 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02A (09-04)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 2 of 2

3-00

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Emile		Loria	
Inventor's Signature <i>Emile Loria</i>		Date 11/01/05	
Residence: City <i>La Jolla CA</i>	State <i>CA</i>	Country <i>USA</i>	Citizenship <i>FRANCE</i>
Mailing Address <i>5916 Via Zurita La Jolla</i>			
City <i>La Jolla</i>	State <i>CA</i>	Zip <i>92037</i>	Country <i>USA</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/530,832
Filing Date	Oct. 8, 2003
First Named Inventor	Terrasse et al
Title	Skin Testing Kit for Diagnosing At
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	AT2003-1WO

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Shihong Nicolaou	46,960

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou		
Address	4931 Arroyo Lindo Avenue		
City	San Diego	State	CA
Country	USA	Zip	92117
Telephone	858-273-1238	Email	shihongn@yahoo.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Emile Loria</i>	Date	11/01/05
Name	Emile Loria	Telephone	858 450 6689
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/530,832
Filing Date	Oct. 8, 2003
First Named Inventor	Terrasa et al
Title	Skin Testing Kit for Diagnosing AI
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	AT2003-1WO

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26709

OR

☒ Practitioner(s) named below:

Name	Registration Number
Shihong Nicolaou	46,960

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

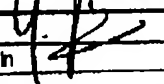
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou		
Address	4931 Arroyo Lindo Avenue		
City	San Diego	State	CA Zip 92117
Country	USA		
Telephone	858-273-1238	Email	shihongn@yahoo.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Nov. 1, 2005
Name	Yves Trehin	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/330,832
Filing Date	Oct. 8, 2003
First Named Inventor	Lienshan et al
Title	Self Testing Kit for Diagnosing A2
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	AT2003-11W0

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number.

OR

☒ Practitioner(s) named below:

Name	Registration Number
Shihong Nicolaou	40,960

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number.

OR

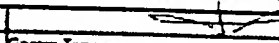
<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou		
Address	4931 Arroyo Linda Avenue		
City	San Diego	State	CA
Country	USA	Zip	92117
Telephone	858-273-1238	Email	shihong@yahoo.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURES of Applicant or Assignee of Record

Signature		Date	2/2/05
Name	Gordon Terrence	Telephone	+(33) 3 85 69 00 30
Title and Company			

NOTES: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Signatures outside boxes if more than one signature is required, are below.

☐ *Total of _____ forms are submitted.

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